Slide 1

Solving the Mystery

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Slide 2

Goals:

- Learn the importance of QA activities at your facility

- Understand the role of QA from the Central Registry

- Use QA concepts when abstracting difficult cases

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Slide 3

Quality….

- What is quality?

- How can we attain quality data?

- Do you know when you have attained quality data?

- Why should I care?

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Slide 4

Early Detection

A maxim in the study of cancer is that early detection *and* early treatment are our best chance for cure. Similarly in tumor registries, a well-thought-out, closed-loop, quality control program, which detects and treats the problem early, is a way for the registry system to maintain a high level of quality.

—Hilsenbeck et al., *Quality Control for Cancer Registries*, 1985

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Slide 5

Completeness

- Definition
  – Assurance that all items that should be included are present and there are no items present that should not be included

- Aspects
  – Case completeness
  – Data completeness

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Slide 6

Timeliness

- Definition
  – Making things happen on schedule
- A constant struggle in registries

Accuracy

Timeliness   Completeness

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Slide 7

There is nothing to fear…

- Computer edits
- Data queries
- Visual editing
- Other methods
  - Duplicate coding
  - Physician review

Slide 8

Computer Edits

- Most cost effective

- May not be able to check for
  - Subtle inconsistencies
  - Incomplete records
  - Illogical information

Slide 9

Accuracy

- Definition
  - Degree of conformity of a measure to a standard or true value; a true representation of the facts about something
- Other names
  - Reliability, consistency, validity, reproducibility, concordance
- Importance

Slide 10

Edit Checks….

- Error messages must be meaningful
- Warning
  - Advisory message that there is a conflict or unlikely combination of items
  - Allows an override
- Error
  - Identifies illogical data or contradiction between fields
  - Requires correction

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Slide 11

Data Queries

- Lists or cross tabulations

- Visual review

- Unusual data

- Blanks and unknowns

- Implausible data

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Slide 12

Visual Editing

- Why bother?
  - To document problem areas
  - To quantify reliability of data
  - To make the abstractor think about interrelationships of data fields

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Slide 13

Importance of Text

- Text is necessary to
  - Support codes
  - Support unusual site/histology combinations
  - Explain unusual entries
  - Document additional information or questions resolved
  - Support accuracy of data
  - Avoid pulling records again

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Slide 14

Other Data Quality Control Methods

- Physician review

- Audits

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Slide 15

Data Usage

- Review of data prior to release for research project
- Data review prior to publication
- Coding changes over time
- Registry procedures
  - Casefinding completeness
  - Follow-up rate
  - Percent unknowns

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Slide 16

Closing the Loop

- Error correction
- Education
- Re-evaluation
- Improvement

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Slide 17

Mysterious Cases….

- Weird, Unusual, Difficult Cases

- What do you do with them?

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Slide 18

Remember:

- Get to the heart of the case

- Use your manuals

- Read the general instructions

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Slide 19

Remember:

- Read the general instructions again

- Call fellow registrars

- Use the Web
  - I&R
  - SINQ

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Slide 20

Practice, Practice, Practice

- Work Case Scenario 1

- We will discuss scenario 1

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Slide 21

Scenario 1

Pt with increasing heavy menses, abdominal pain and pressure.

1/1/08 U/S pelvis: Enlarged uterus with a large mass

2/19/08 TAH/BSO: Malignant PEComa of the uterus

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Slide 22

More Skills….

- Discuss and answer the items for Scenario 2 with your group

Slide 23

Scenario 2

66yo bf w/ colon cancer and recent diagnosis of hepatic cancer

10/28/08 CT guided liver biopsy: Met adenoca

11/6/08 Colonoscopy: large obstructing mass in ascending colon: Adenoca w/ mucinous component

11/18/08 Segmental resection of colon: Adenoca w/ mucinous feature arise in tubulovillous adenoma

Slide 24

Thinking Cap Time…

- Scenario 3 is one that will require you to think through the entire scenario more than once

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Slide 25

Scenario 3

75yo wf w/ screening mammo, found lesion

7/16/08 L breast exc bx x 2: infil lobular carcinoma, 1.3cm & 1.5cm; mostly invasive

8/8/08 L MRM: Mult micro foci residual lobular carcinoma; addtnl foci ductal ca (3mm); single distinct focus mucinous ca (2mm); 2/4 LN w/ micromets

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Slide 26

Game Time!

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Slide 27

The Mystery Continues…

• Find the missing pieces

• Search high and low

• Make a complete case

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Slide 28

Find the Clues

- Read the text

- Compare the information

- Compare the codes to the text

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Slide 29

Case 1

Facility A:	**Facility B:**
C34.1	C34.1
8250/3	8140/3
TS: 034	TS: 012
Exten: 99	Exten: 10
TS/Exten Eval: 1	CS TS/Exten: 3
Surgery Date:00000000	Surgery Date: 6/19/08
Primary Surg: 00	Primary Surg: 21
DX/Staging: 02	DX/Staging: 02

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Slide 30

Case 2

Facility A:	**Facility B:**
10/28/08	10/6/08
C50.9	C50.8
8507/3	8500/3
TS: 999	TS: 029
LN: 15	LN: 13
Date Surgery: 10/28/08	Date Surgery: 10/6/08
Scope LN: 4	Scope LN: 2
DX/Staging: 00	DX/Staging: 02
Date DX/Staging: 0s	Date DX/Staging: 10/6/08

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Case 3

- **Facility A:**
C509
8522/3
CS LN: 25
Surgery: 11/16/07
Primary: 50
DX/Staging: 00
Date: 00/00/0000

- **Facility B**
C504
8500/3
CS LN: 60
Surgery: 12/5/07
Primary: 40
DX/Staging: 02
Date: 11/16/07

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Slide 32

Case 4

- **Facility A**
CS LN: 60
Surgery: 40
SLNS: 4
DX/Staging: 02
Date DX/Staging:
  3/4/08

- **Facility B**
CS LN: 26
Surgery: 48
SLNS: 5
DX/Staging: 00
Date DX/Staging:
  00/00/0000

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Slide 33

Solve the Mystery…

- Finding clues isn't always easy, but some stand out

- We all want Quality Data

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Slide 34

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